



Physical Therapy Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2060
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Physical Therapy Assistant Renewal

Your physical therapy assistant license in the state of Indiana expires on June 30, 2014. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$100.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$100.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice in physical therapy or as another health care professional?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing competency requirements for renewal, understand the Physical Therapy Committee statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your licensure or email the Board at pla3@pla.in.gov with any questions.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, Executive Director



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date